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ST. ONGE ST 986 BEDFORD STAMFORD, O	LC I b St ad tra	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
			-	Daniel	la Cı	imi ((Depositor's name) (Signature)
				March	19	. 2007	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	АТТО	RNEY DOCKET NO.	CONFIRMATION NO.
10/039,931 11/09/2001		Marc R. Amling	ing 02580-P0006A 9959			9959	
TITLE OF INVENTION	N: PROGRAMMABLE A	ND RECONFIGURABI	E CAMERA CONTROL	UNIT FOR VIDE	O SYST	EMS	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0		\$1700	03/29/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS	ASS			
HENN, TIMOTHY J 2622 1. Change of correspondence address or indication of "Fee Address" (37)			348-231000				
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. St. Onge Steward 1 Johnston & Reens LLC 2 3				
	AND RESIDENCE DATA			• •	***************************************		
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
			(B) RESIDENCE: (CIT	Y and STATE OR C	COUNT	RY)	
Karl Storz Imaging, Inc. Goleta, CA							
Please check the appropriate assignee category or categories (will not be printed on the patent): \square Individual \boxtimes Corporation or other private group entity \square Government							
4a. The following fee(s)	No small entity discount p	 D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☑ Payment by credit card. Form PTO-2038 is attached. ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4516 (enclose an extra copy of this form). 					
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Authorized Signature	Www		DateM	arch	16,2007		
Typed or printed name Wesley W. Whitmyer, Jr. Registration No. 33,558							
submitting the complete this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	d application form to the ions for reducing this bur /irginia 22313-1450. DO	U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR C	1.14. This collection is es depending upon the indi chief Information Offic COMPLETED FORMS T	stimated to take 12 invidual case. Any contert, U.S. Patent and TO THIS ADDRESS	ninutes mments Tradem 5. SEND	to complete, including on the amount of time ark Office, U.S. Depa TO: Commissioner for	by the USPTO to process) g gathering, preparing, and ne you require to complete rtment of Commerce, P.O. for Patents, P.O. Box 1450, number
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